

## HOME HEALTH AND HOSPICE CARE

Approved hours will be based on health care assessments and review by the insurer. Respite care must be approved in advance. Chore services and other services required to meet the worker's environmental needs are not covered except for home hospice care.

The following are examples of **covered** home health care services:

- Administration of medications which can't be self-administered
- Assistance with range of motion exercises
- Bathing and personal hygiene
- Bowel and bladder care
- Changing or caring for IV's or ventilators (Only family members or licensed persons may perform these services)
- Dressing assistance
- Feeding assistance (not meal preparation)
- Mobility assistance including toileting and other transfers, walking
- Specialized skin care including caring for or changing dressings or ostomies
- Tube feeding
- Turning and positioning

The following services are considered to be "chore services" and are **not covered (except for hospice care)**:

- Child care
- Errands for the injured worker
- Housecleaning
- Laundry
- Meal preparation and shopping
- Transportation
- Recreational activities
- Yard work
- Other everyday environmental needs unrelated to the medical care of the injured worker

### Agency Home Health Care

8907H	Home health agency visit (RN) (per day) .....	\$125.28
8912H	Home health agency visit (RN) each additional visit (per day) .....	\$52.68
G0151	Services of physical therapist in home health setting, each 15 minutes (1 hour limit per day) .....	\$31.32
G0152	Services of occupational therapist in home health setting, each 15 minutes (1 hour limit per day) .....	\$32.45
G0153	Services of speech and language pathologist in home health setting, each 15 minutes (1 hour limit per day) .....	\$32.45
G0156	Services of home health aide in home health setting, each 15 minutes .....	\$5.45
S9124	Nursing care, in the home; by licensed practical nurse, per hour .....	\$34.64
S9126	Hospice care, in the home, per diem .....	BR